



**ARCHDIOCESE OF NAIROBI**  
**SOCIAL PROMOTION REGISTERED TRUSTEES**

**MEMBERSHIP WITHDRAWAL REQUEST FORM**

**The Chairperson,**

\_\_\_\_\_ Self Help Group,

P.O Box \_\_\_\_\_

I do hereby request to withdraw my membership from the above-mentioned Self Help Group with effect from \_\_\_\_\_

I am fully aware that according to the Caritas Nairobi Self Help Programme guideline, a member may at any time withdraw from a self-help group by giving a written notice of not less than sixty (60) days and that no member will be allowed to withdraw from the self-help group before clearing all loan balances if any; and thereafter the notice period, a member shall be refunded his/her savings accordingly.

I undertake to follow-up on the members whose loans I have guaranteed to ensure that my guarantorship obligation has been fully replaced. Otherwise, the self-help group will continue to hold on to my savings until the loans guaranteed have been fully repaid.

**PERSONAL ACCOUNT DETAILS**

FULL NAMES: \_\_\_\_\_

ID NO. \_\_\_\_\_ MEMBERSHIP NO. \_\_\_\_\_ MOBILE PHONE NO. \_\_\_\_\_

E-mail Address (Personal): \_\_\_\_\_

Bank A/C Name \_\_\_\_\_ A/C NO. \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_

I hereby make an application to withdraw from the self-help group and agree to conform to the Self Help Programme policies and any amendment thereof.

\_\_\_\_\_

Signature of Applicant (Within the box)



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**FOR OFFICIAL USE ONLY**

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**CHECKED BY**

Name\_\_\_\_\_

Designation\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

**AUTHORISED BY COMMITTEE**

Name\_\_\_\_\_

Designation\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

